r												<u> </u>		_	
l			•	Application or Docket Number											
	PATEN	COF	RD		•										
-				tober 1, 2 D - PART				<u></u>	Ľ						
			SMALL ENTITY OTHER T					ER THA	N						
TOTAL CLAIMS				(Column 1)		(Column 2)		RAT	F	FEE	T OF		L ENTI		
FOR				NUMBER FILED		NUMBER EXTRA		BASIC		35.00	1	RATE BASIC F			
-	TOTAL CHARGEABLE CLAIMS		38	38 minus 20=		. ~18		YCO	- ,		7				
INDEPENDENT CLAIMS				1 3		18	1	X\$ 9		62-	OF	X\$18:	= }	<u> </u>	
MULTIPLE DEPENDENT CLAIM P				ininus 5 =				X43=			OF	X86=			
MOETH EE DET ENDERT OBAINT			FRESENT	TESENT			J	+145	=		OR	+290=			
*	If the different	ce in column 1 i	is less than	less than zero, enter		column 2		TOTA	L 50	17.	OR	TOTAL	1.		
CLAIMS AS AMENDED - PART II											_		R THAN		
_	(Column 1)		<u> </u>	(Colum		2) (Column 3)		SMAL	L ENTITY		OR	SMALL	ENTIT	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RÁTE	TIO	DI- NAL EE		RATE	ADD TION	AL	
	Total	•	Minus	**		-	7	X\$ 9=			OR	X\$18=	1		
ME	Independent	*	Minus ·	8-8-8		=]	X43=	1		OR	X86=	1	\dashv	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							L	. 145	+-				 	\dashv	
								+145=			OR	+290=		4	
		(Column 1)		(Caluma 0) (Caluma 0)				ADDIT. FEI			OR,	ADDIT. FEE	<u></u>	4	
<u></u>		(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							1 45		F			4	
NOMEN! B		REMAINING AFTER AMENDMENT		PAID FO	SLY	PRESENT EXTRA		RATE	ADI TION FE	IAL		RATE	ADDI- TIONA FEE		
	Total	•	Minus	**		=		X\$ 9=			OR	X\$18=		1	
∐ ₹	Independent	•	Minus	***		=] [.X43=	1	1	OR	X86= '			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL			LAÍM				-	ᅴ'	⁰⁴ F		· · · ·	-		
								+145=			OR	+290=		▋	
								TOTAL DDIT. FEE		_]	OR A	TOTAL DDIT. FEE]	
_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Column 1) CLAIMS	· · · · · · · · · · · · · · · · · · ·	(Column	2) .	(Column 3)							•	1	
	•	REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		PATE	ADD TION/ FEE	\L	. [RATE	ADDI- TIONAL		
	Total	*	Minus	**		= .		X\$ 9=	.FEE			X\$18=	FEE	1	
	Independent	*	Minus .	***	_	_		X43=	,	7		X86=	·	1	
-1	FIRST PRESE	NTATION OF MI	II TIDI E DEC	IDI E DEDENIDENT CLAIM				7-10-			R	V00=		1	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

**Total OR ADDIT.

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. OR ADDIT. FEE

OR

+290=

+145=